

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11	1						61						
12		1					62						
13		1					63						
14		1					64						
15		1					65						
16		1					66						
17		2					67						
18		2					68						
19		2					69						
20		2					70						
21		1					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26	1						76						
27		1					77						
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		2					82						
33		2					83						
34		2					84						
35		2					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	45						TOTAL DEP.						
TOTAL CLAIMS	48						TOTAL CLAIMS						